

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6921

1. PLACE OF DEATH

County Jasper
Township Jupiter Mo
City Jupiter Mo (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. 56
St. Ward)

2. FULL NAME

Mrs. Isabelle Totten

(a) Residence. No. 24 - 8th Street St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>11</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No. wife
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Abner Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. R. Buckingham
(Address) Kansas City Mo

15. FILED 2-2, 19 29 Dr. A. Selan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23 19 29, to Feb. 1 19 29 that I last saw her alive on Jan. 23 19 29, and that death occurred, on the date stated above, at 12 - 19 29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Staphylococci pneumonia
11A
109B

(duration) yrs. mos. 10 ds.
CONTRIBUTORY flu
(SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? DATE OF -
WAS THERE AN AUTOPSY? -

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Selan M. D.
2/2, 19 29 (Address) Jupiter Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City Mo. DATE OF BURIAL Feb. 5 19 29

20. UNDERTAKER Frank - Pierce ADDRESS Jupiter Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

49
10
5

235

1

2

31

1929

